

MINUTES

Patient-Centered Health Advisory Council

Broadlawns Medical Center

Friday, February 16, 2018

9:30 – 3:00

Members Present

Chris Atchison- *Public Member*
Ron Boesch- *Iowa Chiropractic Society*
Anna Coppola- *Community Advocate*
Sarah Dixon- *Iowa Collaborative Safety Net Network*
Chris Espersen- *Independent Healthcare Consultant*
Brenda Payne- *Iowa Psychological Association*
Patty Quinlisk- *State Epidemiologist*
Kady Reese- *Iowa Healthcare Collaborative*
Peter Reiter- *Internal Medicine*
Yogesh Shah- *Palliative Care Physician*
Bill Stumpf- *Disabilities Advocate/Consumer*
John Swegle- *Iowa Pharmacy Association*

Members Absent

Melissa Bernhardt- *Iowa Dental Association*
David Carlyle- *Iowa Academy of Family Physicians*
Marsha Collins- *Iowa Physician Assistant Association*
Ro Foege- *Consumer*
Kimberly Howard- *Dental Hygienist*
Anne Hytrek- *Iowa Academy of Nutrition and Dietetics*
Leah McWilliams- *Iowa Osteopathic Medical Association*
Mary Nelle Trefz- *Child and Family Policy Center*
Marguerite Oetting- *IA Chapter of American Academy of Pediatrics*
Susan Pike- *University of Iowa Pediatrics*
Trina Radske-Suchan- *Iowa Physical Therapy Association*
Jann Ricklefs- *Iowa Nurses Association*
Dave Smith- *Iowa Department of Human Services*

Others Present

Abby Floy- *TAVHealth*
Abby Less- *Iowa Department of Public Health*
Amy Fletcher- *Telligen*
Angie Doyle Scar- *Iowa Department of Public Health*
Auriel Willette- *Iowa State University*
Becky Woody- *TAVHealth*
Erica Shannon- *Iowa Primary Care Association*
Jenny Brown- *Primary Health Care*
Jessie Marks- *Child Health Specialty Clinics*
Kathy Karn- *Iowa Department of Public Health*
Linda Brown- *Alzheimer's Association*
Lindsay Paulson- *Iowa Medicaid Enterprise*
Martha Hanley- *University of Iowa Pediatrics*
Mary Kay Brinkman- *Iowa Department of Public Health*
Natalie Denburg- *University of Iowa*
Nathan Meier- *Iowa State University*
Susan Callison- *Alzheimer's Association*
Sylvia Navin- *Iowa Department of Public Health*

***Patient-Centered Health Advisory Council Website:**

<http://idph.iowa.gov/ohct/advisory-council>

Meeting Materials - Agenda 2-16-2018

- [Dementia in Iowa- PPT](#)
- [Mild Cognitive Impairment PPT- Dr. Shah](#)
- [Neuropsychological Changes Associated with Normal and Pathological Aging](#)
- [Obesity and the Brain- PPT](#)
- [Save Your Brain- Quiz](#)
- [Save Your Brain- Score Sheet](#)
- [TAVHealth PPT](#)

Topic	Discussion
<p>Iowa Medicaid Enterprise</p> <p>Lindsay Paulson - Iowa Medicaid Enterprise</p>	<ul style="list-style-type: none"> AmeriHealth Caritas Iowa, Inc. withdrew from the Iowa Medicaid managed care program called the IA Health Link effective November 30, 2017. About 200,000 Iowa Medicaid members who were previously enrolled with AmeriHealth Caritas were assigned to UnitedHealthcare Community Plan of Iowa. About 10,000 members who were previously enrolled with AmeriHealth Caritas and chose to enroll with Amerigroup by November 16, 2017, are covered through Iowa Medicaid Fee-for-Service (FFS) until Amerigroup has capacity. Informational Letter 1889 regarding “IA Health Link Members to Regain Choice” was described. Amerigroup Iowa, Inc. has notified DHS that they have the capacity to begin accepting new IA Health Link members. DHS will be ending the temporary suspension of the MCO choice. <ul style="list-style-type: none"> <u>Members who temporarily transitioned to FFS</u>: The small group of members, who chose Amerigroup and were temporarily transitioned to FFS coverage on December 1, 2017, will be assigned to Amerigroup effective March 1, 2018. These members, approximately 10,000, will receive their welcome packets in the mail from Amerigroup. <u>New members with an effective coverage date of May 1, 2018, or later</u>: New IA Health Link members will be able to choose Amerigroup for coverage effective May 1, 2018. These members will receive enrollment packets in the mail with details on how to choose their MCO, as they have in the past. <u>Members who transitioned to UnitedHealthcare</u>: Members will be able to change their MCO during their next annual choice period or for reasons of 'Good Cause'. Additional information will be shared in the coming weeks and months. Please check the IA Health Link Frequently Asked Questions1 web page for more details. IME develops Medicaid Managed Care Quarterly Reports which provides comprehensive information and data on Medicaid Managed Care in Iowa. Council members recommended a presentation at a future Council meeting going through the content of these reports. The Managed Care Ombudsman Program was mentioned and Council members were encouraged to look at the reports the program publishes. The Managed Care Ombudsman Program advocates for the rights and needs of the approximately 57,000 Medicaid managed care members in Iowa who live or receive care in a health care facility, assisted living program or elder group home, as well as members enrolled in one of Medicaid's seven home and community-based services waiver programs. (AIDS/HIV, Brain Injury, Children’s Mental Health, Elderly, Health and Disability, Intellectual Disability and Physical Disability). <ul style="list-style-type: none"> The Managed Care Ombudsman Program develops monthly and quarterly reports which can be accessed here: https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program/managed-care-ombudsman-program-reports The Managed Care Ombudsman Program also developed a new guide is intended to assist members and their loved ones with navigating the managed care system in Iowa. The guide can be accessed here: How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care in Iowa. For more information, contact: Managed Care Ombudsman 510 E 12th St., Ste. 2 Des Moines, IA 50319 (866) 236-1430 ManagedCareOmbudsman@iowa.gov
<p>Dementia in Iowa</p> <p>Linda Brown Susan Callison - Alzheimer’s Association- Greater Iowa Chapter</p>	<ul style="list-style-type: none"> The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. Their mission is to eliminate Alzheimer's disease through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. Alzheimer’s disease is a degenerative brain disease and the most common cause of dementia. Dementia is a syndrome — a group of symptoms — that has a number of causes. The characteristic symptoms of dementia are difficulties with memory, language, problem-solving

<p><i>PowerPoint:</i> Dementia in Iowa</p>	<p>and other cognitive skills that affect a person's ability to perform everyday activities.</p> <ul style="list-style-type: none"> • In Iowa, there are 64,000 people living with Alzheimer's/Dementia. The aging baby boomer population will greatly increase the percent of Iowan's with dementia in the near future. • An estimated 135,000 caregivers live in Iowa who are typically unpaid family members. These caregivers provide approximately 154 million unpaid hours which equals \$1.945 billion. Alzheimer's takes a devastating toll on caregivers. Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties. • A number of facts and figures were presented regarding Alzheimer's disease: <ul style="list-style-type: none"> ○ Alzheimer's disease is the 6th leading cause of death in the United States. ○ It kills more than breast cancer and prostate cancer combined. ○ 1 in 3 seniors dies with Alzheimer's or another dementia. <ul style="list-style-type: none"> • Services provided by the Alzheimer's Association include information, referrals, care consultations, education programs, physician outreach, support groups, and safety services. • The main issues related to Alzheimer's in Iowa were described, including concern, awareness, and the stigma related to the disease. Another issue described is related to the diagnosis of Alzheimer's. The earlier individuals are diagnosed the better. Early interventions are extremely important. • The HERO Project was described. This is an Iowa-based, volunteer driven, family caregiver support and resilience program created in early 2015. Since its inception, the HERO Project has provided telephone support and respite scholarships for over 100 people and has been statistically shown to help family caregivers remain resilient by helping to maintain their stress level and by reducing the overall hospitalization rate of both the caregiver and the person with dementia. Ultimately, by supporting caregiver resilience, the HERO Project is actively working to ease the emotional burden that is placed on a family caregiver and increase their overall health and ability to care for their loved one in their own home. • Another new current initiative was mentioned called Targeted Training Interventions 360. The goal of this initiative is to improve the quality of care for persons with dementia and improve access to long term care. • Sarah Dixon briefly described Project ECHO (Extension for Community Healthcare Outcomes) based in New Mexico. This is a collaborative model of medical education and care management that empowers clinicians everywhere to provide better care to more people, right where they live. The ECHO model does not actually "provide" care to patients. Instead, it dramatically increases access to specialty treatment in rural and underserved areas by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions. For more information, visit https://echo.unm.edu/about-echo/ • For more information about the Iowa Alzheimer's Association, visit www.alz.org/iowa
<p>Dementia Risk Reduction Quiz</p> <p>Dr. Patty Quinlisk - Iowa Department of Public Health</p> <p><i>Handouts:</i></p> <ul style="list-style-type: none"> • Save Your Brain-Quiz • Save Your Brain-Score Sheet 	<ul style="list-style-type: none"> • The Save Your Brain Quiz was created to address the increasing rates of cognitive decline and dementia in society today. It targets risk reduction in patients who do not yet have mild cognitive impairment. As individuals live longer lives, cognitive decline continues to increase as a major health problem - Alzheimer's disease is the 6th leading cause of death in both Iowa and the United States. As there is no definitive treatment yet, prevention is of the utmost importance. • This quiz uses the available research for individuals to adopt healthy habits that may not only reduce risk of cognitive decline, dementia, and Alzheimer's disease, but can improve other aspects of health such as cardiovascular disease and weight management. • The modifiable risk factors have been divided into four domains: <ul style="list-style-type: none"> ○ Eat Well ○ Get Moving ○ Stay Sharp ○ Be Social • The key message for the quiz is that individuals can reduce their risk of dementia by up to 70 percent by adopting healthy habits.

	<ul style="list-style-type: none"> • It is estimated that 23 percent of Americans age 65 and older have Mild Cognitive Impairment (MCI). MCI is often experienced prior to dementia when individuals begin having difficulty with their memory, but are still able to complete activities such as bathing, dressing, and feeding themselves. Each year, 12 percent of those with MCI progress to dementia. • In Iowa, Alzheimer's is the 6th leading cause of death, and it affected 63,000 people in 2016 and was responsible for 1,339 deaths in 2015. • A postcard was developed with the link to the quiz and the key messages. Organizations are welcome to use this postcard with their brand/logo. • For more information and links to the quiz, score sheet, postcard, and other material, visit https://idph.iowa.gov/save-your-brain
Mild Cognitive Impairment Dr. Yogesh Shah - Broadlawns Medical Center PowerPoint: Mild Cognitive Impairment	<ul style="list-style-type: none"> • An overview of Mild Cognitive Impairment (MCI) was presented by Dr. Shah from Broadlawns Medical Center. • MCI is the stage between the expected cognitive decline of normal aging and the more serious decline of dementia. It can involve problems with memory, language, thinking and judgment that are greater than normal age-related changes. • MCI may increase your risk of later developing dementia caused by Alzheimer's disease or other neurological conditions. • Several examples of MCI were described: <ul style="list-style-type: none"> ○ You have problems with memory or another mental function. You may have problems with your memory, planning, following instructions or making decisions. Your own impressions should be corroborated by someone close to you. ○ You've declined over time. A careful medical history reveals that your ability has declined from a higher level. This change ideally is confirmed by a family member or a close friend. ○ Your overall mental function and daily activities aren't affected. Your medical history shows that your overall abilities and daily activities generally aren't impaired, although specific symptoms may cause worry and inconvenience. ○ Mental status testing shows a mild level of impairment for your age and education level. Doctors often assess mental performance with a brief test such as the Mini-Mental State Examination (MMSE). More-detailed neuropsychological testing may shed additional light on the degree of memory impairment, which types of memory are most affected and whether other mental skills also are impaired. ○ Your diagnosis isn't dementia. The problems that you describe and that your doctor documents through corroborating reports, your medical history or mental status testing aren't severe enough to be diagnosed as Alzheimer's disease or another type of dementia. • 15 to 40 percent of patients with MCI can revert to normal cognitive state with life style modification. MCI may increase risk of later progressing to dementia by 12 percent per year.
Obesity and Associations with Brain Health and Behavior Dr. Auriel Willette - Iowa State University PowerPoint: Obesity and the Brain- PPT	<ul style="list-style-type: none"> • Dr. Auriel Willette presented on the relation of obesity and brain health. • The presentation began by summarizing the key messages that he would like Council members to take away. These include: • Iowa is 13th in US and tied for 3rd in Midwest for adult obesity rates. Obesity is not about blame or shame. The obesity epidemic is very complicated. • Obesity is consistently related to frontal lobe atrophy in kids to aged adults, which can impact "higher order" thinking. • Insulin resistance, stemming from obesity, has bad effects on brain health in middle-aged people, "normal" aged people, and aged people across the Alzheimer's disease spectrum. • To combat obesity and maintain lean muscle we should incentivize fruit consumption, less processed meat consumption, and more moderate activity. These changes can improve the brain immediately. • Simple things like walking 2 hours each week may help combat Alzheimer's disease. • Dr. Willette then described the relation between Alzheimer's disease and the brain. In Alzheimer's disease, unlike normal aging, the brain atrophies due to massive cell death, which results in the symptoms of Alzheimer's disease.

<p>Neuropsychological Changes Associated with Normal and Pathological Aging</p> <p>Dr. Natalie Denburg - <i>University of Iowa</i></p> <p>PowerPoint: Neuropsychological Changes Associated with Normal and Pathological Aging</p>	<ul style="list-style-type: none"> • Dr. Natalie Denburg presented on the changes that occur with the brain with normal aging. • A description of cognitive reserve was given. Cognitive reserve refers to the amount of damage that the brain can sustain before changes in cognition are evident. Multiple studies have identified Alzheimer's disease neuropathology in the brains of high functioning individuals who have never exhibited cognitive problems. These individuals did not show symptoms of the disease while they were alive because they had a large enough cognitive reserve to offset the damage and continue to function as usual. • Dr. Denburg described the Iowa Gambling Task, introduced by Antoine Bechara. This is a psychological task thought to simulate real-life decision making. Participants are presented with 4 virtual decks of cards on a computer screen. They are told that each deck holds cards that will either reward or penalize them, using game money. The goal of the game is to win as much money as possible. The decks differ from each other in the balance of reward versus penalty cards. Thus, some decks are "bad decks", and other decks are "good decks", because some decks will tend to reward the player more often than other decks. Most healthy participants sample cards from each deck, and after about 40 or 50 selections are fairly good at sticking to the good decks. Patients with orbitofrontal cortex (OFC) dysfunction, however, continue to persevere with the bad decks, sometimes even though they know that they are losing money overall. • A number of additional studies were discussed and are described in the PowerPoint.
<p>TAVHealth</p> <p>Abby Floy Becky Woody - <i>TAVHealth</i></p> <p>PowerPoint: TAVHealth</p>	<ul style="list-style-type: none"> • TAVHealth is a cloud-based software system to connect payers, providers, government agencies, and community organizations to address social determinants of health. The TAVHealth platform creates virtual teams that generate collective impacts in a community. • Outcomes impacted by social determinants of health that TAVHealth focuses on include emergency room high utilizers, heart failure readmission mitigation, transition of care, bundle payments, autism referral efficiency. • Data was presented demonstrating the positive outcomes that TAVHealth users have experienced. • Linn County is currently using TAVHealth and a description of their platform and users was given. • To learn more, visit www.TAVHealth.com.
<p>Networking Opportunity</p>	<p>Nathan Meier from Iowa State University described an ISU Research Study on Healthy Aging. CardioRACE is the name of the study that is investigating exercise and chronic disease prevention. Participants in the study will participate in a personalized exercise programs 3 times per week for 1 year. The study will investigate the benefits of physical activity with aging and chronic disease prevention such as heart disease, stroke, cancer, and longevity in older adults. For more information, visit: https://research.hs.iastate.edu/cardiorace/</p>
<p>Next Meeting: Friday, May 11 from 9:30 – 3:00 at Broadlawns Medical Center</p>	

2018 Meeting Schedule

- **Friday, February 16, 2018 from 9:30 – 3:00 at Broadlawns Medical Center**
- **Friday, May 11, 2018 from 9:30 – 3:00 at Broadlawns Medical Center**
- **Friday, August 17, 2018 from 9:30 – 3:00 at the State Hygienic Labs in Ankeny**
- **Friday, November 2, 2018 from 9:30 – 3:00 at the Iowa Healthcare Collaborative-Education Center**